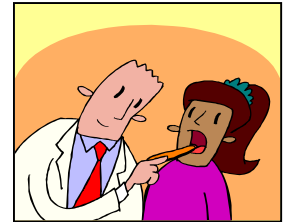


ORAL HEALTH SCREENING REFERRAL FORM



Location: _____

Date: _____

This form is to assist you in following-up with the children that had a dental need.

[illegible]